Stellingen behorend bij het proefschrift:
Protein anabolism in critically ill children
Pathophysiological aspects and interventional challenges

1. There is no circadian rhythm in whole body protein metabolism of stable critically ill children. (dit proefschrift)

2. In critically ill children arginine becomes an essential amino acid, proportional to the severity of inflammation. (dit proefschrift)

3. Reduced glucose intake after craniofacial and cardiac surgery in infants and young children reduces hyperglycemia without causing hypoglycemia. (dit proefschrift)

4. In critically ill infants, a protein-energy enriched formula is effective to achieve protein anabolism early after admission and to increase arginine availability and nitric oxide synthesis. (dit proefschrift)

5. A nutritional protocol, focusing primarily on very early start of enteral nutrition, is not sufficient to achieve nutritional goals in the majority of patients at the pediatric intensive care unit. (dit proefschrift)


7. Not every observed correlation is a reflection of the reality, which is supported by the correlation between the number of out-of-hospital deliveries around Berlin and the size of the stork population in the same area.

8. Surgery is a vital and virtually inevitable element of medical care to help people live a long and healthy life.

9. All a runner needs to improve performance is a cup of coffee and music with a beat.

10. It is ironic that medicine’s devotion to treat illness and improve life expectancy has led to the new ethical dilemma of elderly seeking medical aid for ending life, because of a “completed life”.

11. Travel and change of place impart new vigor to the mind.
(Seneca (ca. 4 v. C. - 65 n. C.), Romeins filosoof.

Carlijn T.I. de Betue
Rotterdam, 6 september 2012